EXPENSE CLAIM FORM - WITH GL CODING

Task ID: 0000067560 - Created: 13-Dec-2022 12:11.19 PM - By: Shan Jorgenson-Adam - Processed: 24-Jan-2023 11:09.11 AM - By: Shan Jorgenson-Adam

Battle River School Division
EXPENSE CLAIM FORM

Name: Jorgenson-Adam, Shan (12551) **Location:** Division Office **Month:** December

IMPORTANT: Expense claim must be submitted **WITHIN TWO MONTHS** from the end of the month the claim is for. Expenses submitted after this date will **NOT** be reimbursed.

Please ensure **ALL** receipts are attached to your claim.

Bus Drivers: Do **NOT** claim field trip expenses (claim on the applicable "Trip Report" form).

Other Expenses:
(Please Attach Receipts)

Date	Department	Vendor	Particulars	Books	Enter GST on Invoice	Total Invoice Amount
				Subtotals	0.00	0.00

REGULAR BUSINESS EXPENSES

Mileage and Meal Information:

*Check this box if your mileage claim for the calendar year **exceeds 5,000 KMS**

Date (YYYYMMDD)	Purpose	From/To Destination	Km's Round Trip	One Way Only	Total KMs	Total Mileage Expense	Breakfast	Lunch	Dinner
09-Dec-2022	CASS Zone 4 Meeting	Camrose to Red Deer	294		294.00	170.52	11.00	15.00	23.50
10-Jan-2023	IL Visit Steve S.	Camrose to New Norway	56		56.00	32.48	11.00	15.00	23.50
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			

		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
	Subtotals	**350.00**	**203.00**	**0.00**	**0.00**	**0.00**

Totals

For Office Use Only:			
Total Subsistence GST Auto Calculation	**9.67**	**Total Mileage**	**203.00**
Total Other Expense GST Entered	**0.00**	**Total Subsistence**	**0.00**
Grand Total GST	**9.67**	**Total Other Expenses**	**0.00**
		Total Claim	**203.00**

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13843000293007050	✓	203.00	G	9.67
			Total Without Taxes:	**193.33**
			Tax Total:	**9.67**
			Total With Taxes:	**203.00**

Comments:

Transported myself, Rita, Natsha and Lee Ann to CASS Zone 4 meeting.

Submitting this expense claim certifies that the foregoing expenses were incurred for Battle River School Division business and are in compliance with School Division Administrative Procedure 115. Click here to view Administrative Procedure.

PLEASE MAKE SURE ALL OF YOUR RECEIPTS ARE ATTACHED AS A PDF. IF RECEIPTS ARE MISSING YOUR CLAIM WILL BE DELAYED.

GL DISTRIBUTION AND APPROVAL

Task ID: 0000067560 - Created: 24-Jan-2023 11:09.11 AM - By: Shan Jorgenson-Adam - Processed: 24-Jan-2023 11:10.03 AM - By: Rita Marler

Action Taken: No Objection

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13843000293007050	✓	203.00	G	9.67
			Total Without Taxes:	**193.33**
			Tax Total:	**9.67**
			Total With Taxes:	**203.00**

Authorizer Comment:

FINAL AP SECTION

Task ID: 0000067560 - Created: 24-Jan-2023 11:10.03 AM - By: Rita Marler - Processed: 25-Jan-2023 08:13.41 AM - By: Michelle Girvan

Fiscal Period: 202305

Vendor Number: EM12551 - Jorgenson-Adam, Shan

Invoice Description:

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13843000293007050	✓	203.00	G	9.67
			Total Without Taxes:	**193.33**
			Tax Total:	**9.67**
			Total With Taxes:	**203.00**

GL DISTRIBUTION AND APPROVAL

Task ID: 0000067560 - Created: 25-Jan-2023 08:13.41 AM - By: Michelle Girvan - Processed: 25-Jan-2023 08:15.19 AM - By: Michelle Girvan

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13843000293007050	✓	203.00	G	9.67
			Total Without Taxes:	**193.33**
			Tax Total:	**9.67**
			Total With Taxes:	**203.00**

Authorizer Comment:

FINAL AP SECTION

Task ID: 0000067560 - Created: 25-Jan-2023 08:15.19 AM - By: Michelle Girvan - Processed: 25-Jan-2023 08:15.35 AM - By: Michelle Girvan

Fiscal Period: 202305

Vendor Number: EM12551 - Jorgenson-Adam, Shan

Invoice Description:

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13843000293007050	✓	203.00	G	9.67
			Total Without Taxes:	**193.33**
			Tax Total:	**9.67**
			Total With Taxes:	**203.00**

EXPENSE CLAIM FORM - WITH GL CODING

Task ID: 0000067560 - Created: 25-Jan-2023 08:15.35 AM - By: Michelle Girvan - Processed: 25-Jan-2023 08:18.19 AM - By: Michelle Girvan

Battle River School Division
EXPENSE CLAIM FORM

Name: Jorgenson-Adam, Shan (12551) **Location:** Division Office **Month:** December

IMPORTANT: Expense claim must be submitted **WITHIN TWO MONTHS** from the end of the month the claim is for. Expenses submitted after this date will **NOT** be reimbursed.

Please ensure **ALL** receipts are attached to your claim.

Bus Drivers: Do **NOT** claim field trip expenses (claim on the applicable "Trip Report" form).

Other Expenses:
(Please Attach Receipts)

Date	Department	Vendor	Particulars	Books	Enter GST on Invoice	Total Invoice Amount
10-Jan-2023	IL Visit Steve S	Camrose to New Norway	56 km @ 0.61/km		1.63	34.16
				Subtotals	1.63	34.16

REGULAR BUSINESS EXPENSES

Mileage and Meal Information:

*Check this box if your mileage claim for the calendar year **exceeds 5,000 KMS**

Date (YYYYMMDD)	Purpose	From/To Destination	Km's Round Trip	One Way Only	Total KMs	Total Mileage Expense	Breakfast	Lunch	Dinner
09-Dec-2022	CASS Zone 4 Meeting	Camrose to Red Deer	294		294.00	170.52	11.00	15.00	23.50
					0.00	0.00	11.00	15.00	23.50
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			
					0.00	0.00			

		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
		0.00	0.00			
	Subtotals	**294.00**	**170.52**	**0.00**	**0.00**	**0.00**

Totals

For Office Use Only:

Total Subsistence GST Auto Calculation	**8.12**
Total Other Expense GST Entered	**1.63**
Grand Total GST	**9.75**

Total Mileage	**170.52**
Total Subsistence	**0.00**
Total Other Expenses	**34.16**
Total Claim	**204.68**

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13843000293007050	✓	204.68	G	9.75

Total Without Taxes:	**194.93**
Tax Total:	**9.75**
Total With Taxes:	**204.68**

Comments:

Transported myself, Rita, Natsha and Lee Ann to CASS Zone 4 meeting. adj jan mileage to the updated per km rate

Submitting this expense claim certifies that the foregoing expenses were incurred for Battle River School Division business and are in compliance with School Division Administrative Procedure 115. Click here to view Administrative Procedure.

PLEASE MAKE SURE ALL OF YOUR RECEIPTS ARE ATTACHED AS A PDF. IF RECEIPTS ARE MISSING YOUR CLAIM WILL BE DELAYED.

FINAL AP SECTION

Task ID: 0000067560 - Created: 25-Jan-2023 08:18.19 AM - By: Michelle Girvan - Processed: 25-Jan-2023 08:20.13 AM - By: Michelle Girvan

Action Taken: Approve Expense

Fiscal Period: **202305**

Vendor Number: **EM12551 - Jorgenson-Adam, Shan**

Invoice Description:
EXP CLAIM - MILEAGE

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
13843000293007050	✓	204.68	G	9.75

Total Without Taxes:	**194.93**
Tax Total:	**9.75**
Total With Taxes:	**204.68**